

In re application of: David M. Stern, et al.

Serial No.: 09/872,185

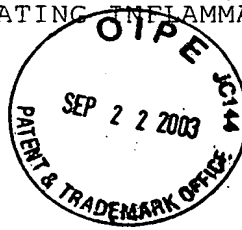
Group Art Unit: 1647

Filed : June 1, 2001

Examiner: Jegatheesan Sehra

For : METHODS FOR TREATING INFLAMMATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



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S I R:

Transmitted herewith is an amendment to the above identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	11	-	25	=	0	X	\$9	\$18	=	0	0
Independent Claims	1	-	3	=	0	X	\$42	\$84	=	0	0
Multiple Dependent Claim(s) Presented <u> </u> Yes <u> X </u> No							\$140	\$280	0	0	0
							TOTAL ADDITIONAL FEE			\$ 0	

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter

Page 2

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

____ Please charge Deposit Account No. 03-3125 in the amount of \$ _____. Three copies of this sheet are enclosed.

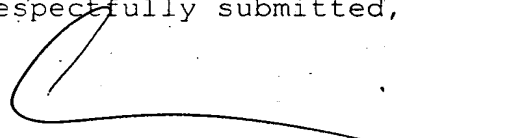
____ A check in the amount of \$ _____ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. \$1.17.

Respectfully submitted,



I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Alan J. Morrison
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7/12/03

Date

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